BE WELL PRIMARY CARE LLC

19600 E. Parker Square Dr. Ste 120
Parker, CO 80134
720-770-0966

Patient Bill of Rights and Responsibilities

At this clinic the patient has the following RIGHTS:

- To choose the provider of your healthcare services
- To be treated with courtesy, respect, and appreciation of individual dignity, and in a manner that protects privacy confidentiality of personal information
- To receive care in a safe environment free from neglect, exploitation, or physical or mental abuse
- To impartial access to healthcare treatment or accommodations regardless of race, national origin, religion, age, sex, disability, or source of payment
- To receive information regarding treatment in an understandable manner, and to participate in decisions regarding your care
- To prompt, reasonable response to questions and requests
- To know who is providing your healthcare services and who is involved in your care
- To have personal representative with you during the receipt of your care
- To know the patient support services available, including qualified interpreter services if you do not speak English or have limited English proficiency
- To refuse any treatment, except otherwise provided by law. However, due to the nature of the clinics' scope of service, we are NOT able to honor patient advance directives limiting lifesaving efforts. Accordingly, pursuant to clinic practitioners' professional judgement and discretion, rescue attempts may be made and 911 will be called if there is an emergency involving a patient.
- To receive, upon request and in advance of the treatment, if you are eligible for Medicare whether the healthcare provider or facility accepts the Medicare assignment rate
- To receive copy of your bill and, upon request, to have charges explained
- To know if medical treatment is for the purpose of experimental research and to give your consent or refusal to participate in such experimental research
- To express grievances, without retaliation, regarding any violation of these rights or concerns related to your Healthcare to Be Well Primary Care LLC, and to the appropriate agency, or state department of health.

At this clinic the patient has the following RESPONSIBILITIES:

- To provide the healthcare provider, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other health related matters
- To report to the healthcare provider unexpected changes in your condition
- To report to the healthcare provider whether you comprehend a contemplated course of action/treatment and if you have any questions
- To follow the treatment plan recommended by the healthcare provider
- To keep appointments, as applicable, and when unable for any reason to notify the healthcare provider
- To acknowledge you are responsible for your actions, including if you refuse treatment or do not follow the healthcare providers' instructions
- To fulfill the financial obligations related to your healthcare and treatment
- To follow the clinics' rules and regulations affecting patient care and conduct, including being considerate to your healthcare team, other patients and visitors, and the property of others. To refrain from behavior that threatens the safety of individuals in or near the clinic. Violations could result in removal from the premises and/or involvement of security or law enforcement.